

## COMMONWEALTH OF VIRGINIA APPLICATION FOR CERTIFICATION OF BIRTH RESULTING IN STILLBIRTH

FOR OVR USE ONLY	

The State Registrar, at no cost, shall issue a Certificate of Birth Resulting in Stillbirth (§ 32.1-258.1.) if the gestational period was 20 weeks or more. This application <u>must</u> be completed and submitted by either parent listed on the fetal death report. The requesting parent may, but shall not be required to, provide a name for the stillborn child on the Certificate of Birth Resulting in Stillbirth.

**IMPORTANT:** The person requesting the vital record must submit an enlarged, legible (readable) and clear photocopy of their identification. (See list on reverse side)

REQUESTER INFORMATION							DAYTIME PHONE NUMBER		
NAME OF REQUESTER (PERSON COMPLETING THE APPLICATION)			EMAIL (Include to receive updates about your application)						
							Check this box to receive text notifications. Message & data rates may		
NAME OF BUSINESS, if applicable							apply. (For cell pho	•	
ADDRESS			CITY		STATE	ZIP COD	E		
WHAT IS YOUR RELAT	TIONSHIP TO THE P	ERSON NAMED ON T	THE CER	TIFICATE?	MOTHER	ATHER			
	CFR	TIFICATE O	F RI	RTH RFSI	IITING	INΔS	TILLR	IRTH	
Gostatio		20 weeks or							naronto
Gestatio	m must be	20 weeks of	more	e. Tills cer	tilicate C	all Olli	y be is	sueu to the	parents.
NAME AT DEATH (If, a	applicable) (f	irst)		(middle)		(la	ast)		(suffix)
DATE OF DEATH GESTATION AT PLACE OF DEATH (city or co		county in Virginia) HOSPITAL NAME (if any)			ny)		SEX MALE		
	DEATH .								☐ FEMALE
FULL MAIDEN NAME	OF MOTHER OR PA	L ARENT ONE: <i>(first)</i>		(middle	 e) (Ia	ıst)	(suffix)	(maiden name	e if any)
FULL NAME OF FATHE	ER OR PARENT TWO	O: (first)	(1	middle)	(last)		(suffix)	(maiden name	e if any)
	king a <b>FALSE</b> applic	ation for a vital reco	rd is a <b>F</b>	ELONY under stat	e and federal la	aw. I certif	fy and affir	m that all information	on on this form is true
and correct. SIGNATURE OF REQU	ESTER:								
Please indicate the addre	oss vall wish the cor	tificato(s) mailed to in	the hey	holow Please tur	e or print clear	rly			
NAME	ess you wish the cer	tilicate(s) mailed to in	tile box	below. Flease typ	e or print clear	11y.		npleted Applicatio Vital Records	n To:
							P. O. Box		
ADDRESS							Richmon	d, VA 23218-1000	
							Contact I	nformation:	

VS6-07/22

CITY/STATE/ZIP CODE

(804) 662-6200

www.vdh.virginia.gov/vital-records/

Submit one (1) document from the primary list  $\underline{OR}$  two (2) documents from the secondary list. The State Registrar reserves the right (§32.1-271C) to accept or deny any application submitted.

The acceptable documents listed may change without prior notice.

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	ACCEPTABLE PRIM	ARY II	DENTIFICATION LIST
1.	Photo Driver's License issued by U.S. state, territory, or jurisdiction (unexpired or expired for not more than one year)	2.	Learners/Instruction Permit issue by U.S. state, territory or jurisdiction (unexpired or expired for not more than one year)
3.	Photo Identification Card issued by U.S. state, territory, or jurisdiction (unexpired or expired for not more than one year)	4.	Current Photo Identification Card - (school or employment with identification number; check cashing cards are not acceptable)
5.	Unexpired U.S. Military Card of an active duty or retired member	6.	U.S. Passport or passport card - unexpired
7.	Unexpired Foreign Passport with Visa, I-94 or I-94W	8.	U.S. Certificate of Naturalization (form N-550, N-570, N-578)
9.	US Certificate of Citizenship (form N-560, N-561)	10.	U.S. Citizen Identification Card (form I-197)
11.	Temporary Resident Card (unexpired form I-688)	12.	Employment Authorization Document (unexpired form I-766)
13.	Refugee Travel Document (unexpired form I-571)	14.	Resident Alien Card (unexpired form I-551)
15.	Permanent Resident Card (unexpired form I-551)	16.	Northern Marianas Card (unexpired form I-551)
17.	Asylum – A copy of the first and last page of application for Asylum	18.	Consular Report of Birth Abroad (form FS-240)
19.	Certification of Report of Birth of a U.S. citizen (DS-1350)	20.	Virginia Criminal Justice Agency Offender Information Form
21.	U.S. Probation Offender Information Form	22.	Certificate of Birth Abroad (FS-545)
	ACCEPTABLE SECON	DARY	IDENTIFICATION LIST
23.	U.S. Selective Service Card	24.	U.S. Military Discharge Papers (form DD214)
25.	Certified School Records/Transcript issued by a U.S. state or territory	26.	Certificate of Enrollment issued by Virginia Department of Education
27.	Life insurance policy	28.	Health care insurance card – (i.e. Medicare Card, Medicaid Card)
29.	Unexpired Welfare/Social Services identification card with photo issued by municipality	30.	State issued driver's license or learner's/instruction permit with photo; expired not more than 5 years
31.	State issued photo identification card - expired not more than 5 years	32.	U.S. Passport or passport card - expired not more than 5 years
33.	Unexpired Military Dependent I.D. card with photo	34.	Foreign Passport - expired not more than 5 years with a U.S. VISA
35.	Unexpired weapon or gun permit issued by federal, state or municipal government	36.	Unexpired pilot license
37.	Veteran's Universal Access Identification Card	38.	INS form I-797 (applicable only for the individual whose name appears on the form)
39.	USCIS student or dependent SEVIS I-20 with or without USCIS stamp (Applicant's name must appear on the form)	40.	U.S. Department of State form DS-2019 (Applicant's name must appear on the form)